

REDACTED

Form 1040

Department of the Treasury—Internal Revenue Service

## U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

|                                                                                                                                                                              |  |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20                                                                                           |  | See separate instructions.                                              |
| Your first name and middle initial<br><b>Brent G.</b>                                                                                                                        |  | Last name<br><b>Maupin</b>                                              |
| If joint return, spouse's first name and middle initial<br><b>n/a</b>                                                                                                        |  | Last name                                                               |
| Home address (number and street). If you have a P.O. box, see instructions.                                                                                                  |  | Apt. no.                                                                |
| City, town, or post office. If you have a foreign address, also complete spaces below.                                                                                       |  | State                                                                   |
| Foreign country name                                                                                                                                                         |  | Foreign province/state/county                                           |
| Foreign postal code                                                                                                                                                          |  | Foreign postal code                                                     |
| Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |  | <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |

**Filing Status**

☐ Single ☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☒ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

**Dependents** (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------|-----------------------------|
|                |           |                            |                         | Child tax credit                                       | Credit for other dependents |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

**Income**

| 1a | Total amount from Form(s) W-2, box 1 (see instructions)                | 1a | 0.00 |
|----|------------------------------------------------------------------------|----|------|
| b  | Household employee wages not reported on Form(s) W-2                   | 1b | 0.00 |
| c  | Tip income not reported on line 1a (see instructions)                  | 1c | 0.00 |
| d  | Medical waiver payments not reported on Form(s) W-2 (see instructions) | 1d | 0.00 |
| e  | Taxable dependent care benefits from Form 2441, line 26                | 1e | 0.00 |
| f  | Employer-provided adoption benefits from Form 8839, line 29            | 1f | 0.00 |
| g  | Wages from Form 8919, line 6                                           | 1g | 0.00 |
| h  | Other earned income (see instructions)                                 | 1h | 0.00 |
| i  | Nontaxable combat pay election (see instructions)                      | 1i | 0.00 |
| z  | Add lines 1a through 1h                                                | 1z | 0.00 |

**Attach Sch. B if required.**

| 2a | Tax-exempt interest                                                                           | 2a |          | b | Taxable interest   | 2b | 50.00      |
|----|-----------------------------------------------------------------------------------------------|----|----------|---|--------------------|----|------------|
| 3a | Qualified dividends                                                                           | 3a | 1,555.00 | b | Ordinary dividends | 3b | 3,715.00   |
| 4a | IRA distributions                                                                             | 4a |          | b | Taxable amount     | 4b | 0.00       |
| 5a | Pensions and annuities                                                                        | 5a |          | b | Taxable amount     | 5b | 0.00       |
| 6a | Social security benefits                                                                      | 6a |          | b | Taxable amount     | 6b | 0.00       |
| c  | If you elect to use the lump-sum election method, check here (see instructions)               |    |          |   |                    |    |            |
| 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here            |    |          |   |                    | 7  | 802.00     |
| 8  | Additional income from Schedule 1, line 10                                                    |    |          |   |                    | 8  | 122,802.00 |
| 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  |    |          |   |                    | 9  | 127,369.00 |
| 10 | Adjustments to income from Schedule 1, line 26                                                |    |          |   |                    | 10 | 8,676.00   |
| 11 | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       |    |          |   |                    | 11 | 118,693.00 |
| 12 | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            |    |          |   |                    | 12 | 13,850.00  |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A                             |    |          |   |                    | 13 | 0.00       |
| 14 | Add lines 12 and 13                                                                           |    |          |   |                    | 14 | 13,850.00  |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |    |          |   |                    | 15 | 104,843.00 |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2023)

|                        |           |                                                                                                                                                      |           |                  |
|------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | <b>16</b> | <b>18,562.00</b> |
|                        | <b>17</b> | Amount from Schedule 2, line 3                                                                                                                       | <b>17</b> | <b>0.00</b>      |
|                        | <b>18</b> | Add lines 16 and 17                                                                                                                                  | <b>18</b> | <b>18,562.00</b> |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812                                                                                   | <b>19</b> | <b>0.00</b>      |
|                        | <b>20</b> | Amount from Schedule 3, line 8                                                                                                                       | <b>20</b> | <b>0.00</b>      |
|                        | <b>21</b> | Add lines 19 and 20                                                                                                                                  | <b>21</b> | <b>0.00</b>      |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                            | <b>22</b> | <b>18,562.00</b> |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                 | <b>23</b> | <b>17,352.00</b> |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                   | <b>24</b> | <b>35,914.00</b> |

|                 |           |                                                                                                 |            |                  |
|-----------------|-----------|-------------------------------------------------------------------------------------------------|------------|------------------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:                                                               |            |                  |
|                 | <b>a</b>  | Form(s) W-2                                                                                     | <b>25a</b> | <b>0.00</b>      |
|                 | <b>b</b>  | Form(s) 1099                                                                                    | <b>25b</b> | <b>0.00</b>      |
|                 | <b>c</b>  | Other forms (see instructions)                                                                  | <b>25c</b> | <b>0.00</b>      |
|                 | <b>d</b>  | Add lines 25a through 25c                                                                       | <b>25d</b> | <b>0.00</b>      |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  | <b>41,000.00</b> |
|                 | <b>27</b> | Earned income credit (EIC)                                                                      | <b>27</b>  | <b>0.00</b>      |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812                                                  | <b>28</b>  | <b>0.00</b>      |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8                                              | <b>29</b>  | <b>0.00</b>      |
|                 | <b>30</b> | Reserved for future use                                                                         | <b>30</b>  |                  |
|                 | <b>31</b> | Amount from Schedule 3, line 15                                                                 | <b>31</b>  | <b>0.00</b>      |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  | <b>0.00</b>      |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | <b>41,000.00</b> |

|                                      |            |                                                                                                                   |                                                                                   |                 |
|--------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>                                                                         | <b>5,086.00</b> |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>                                                                        | <b>0.00</b>     |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number                                                                                                    | <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                 |
|                                      | <b>d</b>   | Account number                                                                                                    |                                                                                   |                 |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>                                              | <b>36</b>                                                                         | <b>5,086.00</b> |

|                       |           |                                                                                                                                                                                            |           |             |
|-----------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions. | <b>37</b> | <b>0.00</b> |
|                       | <b>38</b> | Estimated tax penalty (see instructions)                                                                                                                                                   | <b>38</b> | <b>0.00</b> |

|                             |                                                                                                                                                                                   |           |                                      |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes. Complete below.</b> <input type="checkbox"/> <b>No</b> |           |                                      |
|                             | Designee's name                                                                                                                                                                   | Phone no. | Personal identification number (PIN) |

|                                                                     |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b>                                                    | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                     |                                                                                   |
|                                                                     | Your signature                                                                                                                                                                                                                                                                                                     | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)         |
|                                                                     | <i>Brent Mays</i>                                                                                                                                                                                                                                                                                                  | 4/15/24       | Civil Engineer      |                                                                                   |
| Joint return?<br>See instructions.<br>Keep a copy for your records. | Spouse's signature. If a joint return, both must sign.                                                                                                                                                                                                                                                             | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) |
|                                                                     |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|                                                                     | Phone no.                                                                                                                                                                                                                                                                                                          | Email address |                     |                                                                                   |

|                               |                 |                      |      |      |                                                     |
|-------------------------------|-----------------|----------------------|------|------|-----------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name     | Phone no.            |      |      |                                                     |
|                               | Firm's address  | Firm's EIN           |      |      |                                                     |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Brent G. Maupin

**Part I Additional Income**

|           |                                                                                                                                                     |           |            |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  | 0.00       |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> | 0.00       |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |           |            |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  | 122,802.00 |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  | 0.00       |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  | 0.00       |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  | 0.00       |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  | 0.00       |
| <b>8</b>  | Other income:                                                                                                                                       |           |            |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( 0.00)    |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b> | 0.00       |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> | 0.00       |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( 0.00)    |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b> | 0.00       |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b> | 0.00       |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b> | 0.00       |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b> | 0.00       |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b> | 0.00       |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b> | 0.00       |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b> | 0.00       |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> | 0.00       |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b> | 0.00       |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b> | 0.00       |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b> | 0.00       |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b> | 0.00       |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8q</b> | 0.00       |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b> | 0.00       |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> | ( 0.00)    |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> | 0.00       |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b> | 0.00       |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b> | 0.00       |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  | 0.00       |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | 122,802.00 |

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |                 |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          | <b>11</b>  | <b>0.00</b>     |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          | <b>12</b>  |                 |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         | <b>13</b>  |                 |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          | <b>14</b>  |                 |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 | <b>15</b>  | <b>8,676.00</b> |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             | <b>16</b>  |                 |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   | <b>17</b>  |                 |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     | <b>18</b>  |                 |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               | <b>19a</b> |                 |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                            |            |                 |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): . . . . .                                                                                       |            |                 |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              | <b>20</b>  |                 |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            | <b>21</b>  |                 |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    | <b>22</b>  |                 |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       | <b>23</b>  |                 |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |                 |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |                 |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |                 |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                   | <b>24c</b> |                 |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |                 |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                | <b>24e</b> |                 |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |                 |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |                 |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                              | <b>24h</b> |                 |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |                 |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |                 |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                  | <b>24k</b> |                 |
| <b>z</b>   | Other adjustments. List type and amount: . . . . .                                                                                                                   | <b>24z</b> |                 |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         | <b>25</b>  | <b>0.00</b>     |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | <b>8,676.00</b> |

**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Brent G. Maupin

Your social security number

**Part I Tax**

|          |                                                                                        |          |  |
|----------|----------------------------------------------------------------------------------------|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |                                                                                                                                                    |           |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .                                                                                                  | <b>4</b>  | 17,352.00 |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .                                                              | <b>5</b>  |           |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .                                                                  | <b>6</b>  |           |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .                                                                     | <b>7</b>  |           |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/> | <b>8</b>  |           |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .                                                                                            | <b>9</b>  |           |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .                                                                   | <b>10</b> |           |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .                                                                                                | <b>11</b> |           |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .                                                                                              | <b>12</b> |           |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |           |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |           |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |           |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .                                                                                 | <b>16</b> |           |

(continued on page 2)

**Part II Other Taxes (continued)****17 Other additional taxes:****a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .**17b****c** Additional tax on HSA distributions. Attach Form 8889 . . . . .**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .**17i****j** Section 72(m)(5) excess benefits tax . . . . .**17j****k** Golden parachute payments . . . . .**17k****l** Tax on accumulation distribution of trusts . . . . .**17l****m** Excise tax on insider stock compensation from an expatriated corporation . . . . .**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .**17p****q** Any interest from Form 8621, line 24 . . . . .**17q****z** Any other taxes. List type and amount: . . . . .**17z****18** Total additional taxes. Add lines 17a through 17z . . . . .**18****19** Reserved for future use . . . . .**19****20** Section 965 net tax liability installment from Form 965-A . . . . .**20****21** Add lines 4, 7 through 16, and 18. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .**21**

17,352.00

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Brent G. Maupin

Your social security number

**Part I Nonrefundable Credits**

|           |                                                                                                           |           |      |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .                                                | <b>1</b>  | 0.00 |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |      |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .                                                       | <b>3</b>  |      |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |      |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .                                         | <b>5a</b> |      |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |      |
| <b>6</b>  | Other nonrefundable credits:                                                                              |           |      |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .                                                       | <b>6a</b> |      |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                             | <b>6b</b> |      |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .                                                               | <b>6c</b> |      |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .                                           | <b>6d</b> |      |
| <b>e</b>  | Reserved for future use . . . . .                                                                         | <b>6e</b> |      |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .                                                          | <b>6f</b> |      |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .                                                      | <b>6g</b> |      |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |      |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                             | <b>6i</b> |      |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |      |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                         | <b>6k</b> |      |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .                                                  | <b>6l</b> |      |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |      |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____                                                  | <b>6z</b> |      |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  |      |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 0.00 |

(continued on page 2)

Department of the Treasury  
Internal Revenue Service

**Attach to Form 1040 or 1040-SR.**

**Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.**

OMB No. 1545-0074

2023

Attachment  
Sequence No. 07

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

**Your social security number**

**Brent G. Maupin**

**Caution:** Do not include expenses reimbursed or paid by others.

- |   |                                                                       |   |      |
|---|-----------------------------------------------------------------------|---|------|
| 1 | Medical and dental expenses (see instructions)                        | 1 |      |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11                       | 2 |      |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 |      |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0.00 |

**5 State and local taxes.**

- a** State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐
- b** State and local real estate taxes (see instructions)
- c** State and local personal property taxes
- d** Add lines 5a through 5c
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
- 6** Other taxes. List type and amount:

- 7** Add lines 5e and 6

**Caution:** Your mortgage interest deduction may be limited. See Instructions.

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

- a** Home mortgage interest and points reported to you on Form 1098.  
See instructions if limited . . . . .

- b** Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .

- c** Points not reported to you on Form 1098. See instructions for special rules

- d Reserved for future use

- e Add lines 8a through 8c

- 9 Investment interest.** Attach Form 4952 if required. See instructions

- |    |                     |    |      |
|----|---------------------|----|------|
| 10 | Add lines 8e and 9. | 10 | 0.00 |
|----|---------------------|----|------|

**Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

- 12** Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 . . . . .

- 13** Carryover from prior year

- |    |                                   |    |          |
|----|-----------------------------------|----|----------|
| 14 | Add lines 11 through 13 . . . . . | 14 | 2,470.00 |
|----|-----------------------------------|----|----------|

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

- 16** Other—from list in instructions. List type and amount:

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12.

- Deductions 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐



**SCHEDULE B  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **08**

Name(s) shown on return

Brent G. Maupin

Your social security number

**Part I****Interest**(See instructions  
and the  
Instructions for  
Form 1040,  
line 2b.)**Note:** If you  
received a  
Form 1099-INT,  
Form 1099-OID,  
or substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Internal Revenue ServiceCharles Schwab**Amount**

32.00

18.00

**1**

- 2** Add the amounts on line 1 . . . . .

**2**

50.00

- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .

**3**

- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

**4**

50.00

**Note:** If line 4 is over \$1,500, you must complete Part III.**Amount****Part II****Ordinary  
Dividends**(See instructions  
and the  
Instructions for  
Form 1040,  
line 3b.)**Note:** If you  
received a  
Form 1099-DIV  
or substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5** List name of payer:

Edward JonesEdward JonesCharles Schwab

2,051.00

66.00

1,598.00

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

**6**

3,715.00

**Note:** If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign  
Accounts  
and Trusts****Caution:** If  
required, failure to  
file FinCEN Form  
114 may result in  
substantial  
penalties.  
Additionally, you  
may be required  
to file Form 8938,  
Statement of  
Specified Foreign  
Financial Assets.  
See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

**Yes****No**

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: . . . . .

- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **09**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

Name of proprietor

**Brent G. Maupin**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**F** Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)**G** Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2023, check here ☐**I** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

|                                                                                                                                                                                                                   |          |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | <b>138,950.00</b> |
| <b>2</b> Returns and allowances                                                                                                                                                                                   | <b>2</b> | <b>0.00</b>       |
| <b>3</b> Subtract line 2 from line 1                                                                                                                                                                              | <b>3</b> | <b>138,950.00</b> |
| <b>4</b> Cost of goods sold (from line 42)                                                                                                                                                                        | <b>4</b> | <b>0.00</b>       |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3                                                                                                                                                         | <b>5</b> | <b>138,950.00</b> |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)                                                                                                       | <b>6</b> | <b>0.00</b>       |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6                                                                                                                                                                   | <b>7</b> | <b>138,950.00</b> |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                   |                                                                         |            |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-------------------------------------------------------------------------|------------|-----------------|
| <b>8</b> Advertising                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>8</b>   | <b>0.00</b>       | <b>18</b> Office expense (see instructions)                             | <b>18</b>  | <b>1,500.00</b> |
| <b>9</b> Car and truck expenses (see instructions)                                                                                                                                                                                                                                                                                                                                                                                        | <b>9</b>   | <b>6,000.00</b>   | <b>19</b> Pension and profit-sharing plans                              | <b>19</b>  | <b>0.00</b>     |
| <b>10</b> Commissions and fees                                                                                                                                                                                                                                                                                                                                                                                                            | <b>10</b>  | <b>0.00</b>       | <b>20</b> Rent or lease (see instructions):                             |            |                 |
| <b>11</b> Contract labor (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               | <b>11</b>  | <b>0.00</b>       | <b>a</b> Vehicles, machinery, and equipment                             | <b>20a</b> | <b>0.00</b>     |
| <b>12</b> Depletion                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>12</b>  | <b>0.00</b>       | <b>b</b> Other business property                                        | <b>20b</b> |                 |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)                                                                                                                                                                                                                                                                                                                                    | <b>13</b>  | <b>0.00</b>       | <b>21</b> Repairs and maintenance                                       | <b>21</b>  | <b>0.00</b>     |
| <b>14</b> Employee benefit programs (other than on line 19)                                                                                                                                                                                                                                                                                                                                                                               | <b>14</b>  | <b>0.00</b>       | <b>22</b> Supplies (not included in Part III)                           | <b>22</b>  | <b>200.00</b>   |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                                                                                   | <b>15</b>  | <b>7,273.00</b>   | <b>23</b> Taxes and licenses                                            | <b>23</b>  | <b>50.00</b>    |
| <b>16</b> Interest (see instructions):                                                                                                                                                                                                                                                                                                                                                                                                    |            |                   | <b>24</b> Travel and meals:                                             |            |                 |
| <b>a</b> Mortgage (paid to banks, etc.)                                                                                                                                                                                                                                                                                                                                                                                                   | <b>16a</b> | <b>0.00</b>       | <b>a</b> Travel                                                         | <b>24a</b> | <b>0.00</b>     |
| <b>b</b> Other                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>16b</b> | <b>0.00</b>       | <b>b</b> Deductible meals (see instructions)                            | <b>24b</b> | <b>0.00</b>     |
| <b>17</b> Legal and professional services                                                                                                                                                                                                                                                                                                                                                                                                 | <b>17</b>  | <b>0.00</b>       | <b>25</b> Utilities                                                     | <b>25</b>  | <b>0.00</b>     |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b                                                                                                                                                                                                                                                                                                                                         | <b>28</b>  | <b>15,023.00</b>  | <b>26</b> Wages (less employment credits)                               | <b>26</b>  | <b>0.00</b>     |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7                                                                                                                                                                                                                                                                                                                                                                        | <b>29</b>  | <b>123,927.00</b> | <b>27a</b> Other expenses (from line 48)                                | <b>27a</b> | <b>0.00</b>     |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: <b>1,850</b><br>and (b) the part of your home used for business: <b>225</b> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | <b>30</b>  | <b>1,125.00</b>   | <b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205) | <b>27b</b> | <b>0.00</b>     |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see Instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.                                                                                            | <b>31</b>  | <b>122,802.00</b> |                                                                         |            |                 |

**32** If you have a loss, check the box that describes your investment in this activity. See instructions.• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 Instructions.) Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.**32a** ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

Berent G. Maupin

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                                    | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                  |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                                    |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                                       |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                                    |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                           |                                  |                                 |                                                                                           | <b>7</b>                                                                                                  |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                                   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                            |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                              |                                  |                                 |                                                                                            | <b>13</b> 802.00                                                                                          |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                                  |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .                                                                                                                                                      |                                  |                                 |                                                                                            | <b>15</b> 802.00                                                                                          |

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Cat. No. 11338H

Schedule D (Form 1040) 2023

**Part III Summary**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>16</b> Combine lines 7 and 15 and enter the result . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>16</b> | <b>802.00</b>            |
| <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>                        |           |                          |
| <b>17</b> Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                                        |           |                          |
| <b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .                                                                                                                                                                                                                                                                                                                            | <b>18</b> |                          |
| <b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .                                                                                                                                                                                                                                                                                                          | <b>19</b> |                          |
| <b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                               |           |                          |
| <b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; width: 200px;"></div> </div> | <b>21</b> | (                      ) |
| <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.                                                                                                                                                                                                                                                                                                                                                                                                   |           |                          |
| <b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                                                          |           |                          |

**SCHEDULE SE**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Self-Employment Tax**

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person  
with self-employment income**Brent G. Maupin****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A**1a****b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ**1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order**2****122,802.00****3** Combine lines 1a, 1b, and 2**3****122,802.00****4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3**4a****113,408.00****Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**4b****0.00****c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue**4c****113,408.00****5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income**5a****b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-**5b****0.00****6** Add lines 4c and 5b**6****113,408.00****7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023**7****160,200****8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11**8a****0.00****b** Unreported tips subject to social security tax from Form 4137, line 10**8b****0.00****c** Wages subject to social security tax from Form 8919, line 10**8c****0.00****d** Add lines 8a, 8b, and 8c**8d****0.00****9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11**9****160,200.00****10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)**10****14,063.00****11** Multiply line 6 by 2.9% (0.029)**11****3,289.00****12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3****12****17,352.00****13 Deduction for one-half of self-employment tax.**Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15****13**

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Cat. No. 11358Z

Schedule SE (Form 1040) 2023